



2654/
JFE

ATTORNEY DOCKET NO. 19109.0020U2
APPLICATION NO. 09/712,788

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: **Finley et al.**)
) Group Art Unit: **2654**
Application No.: **09/712,788**)
) Examiner: **Knepper, David D.**
Filed: **November 14, 2000**)
) Confirmation No.: **8889**
For: **AUDIO REQUEST INTERACTION SYSTEM**)

TRANSMITTAL LETTER

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEEDLE & ROSENBERG, P.C.
Customer Number 23859

Sir:

Transmittal herewith is/are the following in the above-identified application:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Amendment | <input checked="" type="checkbox"/> Petition to Extend Time |
| <input checked="" type="checkbox"/> Fee as calculated below | <input type="checkbox"/> Supplemental Declaration |
| <input type="checkbox"/> No Additional Fee Required | <input type="checkbox"/> Terminal Disclaimer |
| <input type="checkbox"/> Corrected Drawings | <input checked="" type="checkbox"/> Other: <u>Postcard</u> |

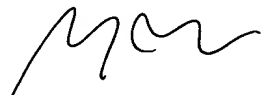
CLAIMS AS AMENDED								
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE		ADDITIONAL FEE	
Total Claims	14		14		0	X \$50.00		\$
Independent Claims	3		3		0	X \$200.00		\$
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim						+ \$360.00		\$
EXTENSION FEE	1 st Month \$120 <input checked="" type="checkbox"/>	2 nd Month \$450 <input type="checkbox"/>	3 rd Month \$1020 <input type="checkbox"/>	4 th Month \$1590 <input type="checkbox"/>	5 th Month \$2160 <input type="checkbox"/>		\$120.00	
<input type="checkbox"/> Reduction by ½ for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -								\$
Total Fee Due								\$120.00

Payment:

- ☐ A check in the amount of \$_____ is enclosed.
- ☒ Payment by credit card in the amount of \$120.00 for the fees designated above.
(Form PTO-2038 enclosed).
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$_____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

Respectfully submitted,

NEEDLE & ROSENBERG, P.C.

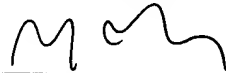


Gregory J. Kirsch
Registration No. 35,572

NEEDLE & ROSENBERG, P.C.
Customer No. 23859
678-420-9300
678-420-9301 (fax)

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: MAIL STOP AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

_____
Gregory J. Kirsch

18 JAN 2005

Date